

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.
107019229

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		0		0			56						
7	/		/				57						
8		/		/			58						
9		0		/			59						
10		0		/			60						
11	/		/				61						
12		/		/			62						
13	/		/				63						
14		0		/			64						
15		0		/			65						
16		0		/			66						
17		0		/			67						
18		0		0			68						
19		0		0			69						
20	/		/				70						
21	/		/				71						
22		/		/			72						
23		/		/			73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		7				TOTAL IND.						
TOTAL DEP.	16		16				TOTAL DEP.						
TOTAL CLAIMS	23		23				TOTAL CLAIMS						